MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

**WEBSITE ADDRESS:** 

http://caag.state.ca.us/charities/

# 2002 REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1 (Recently enacted).

#### **RRF-1 EXTENSIONS WILL NOT BE GRANTED**

	ANI - LEXTERGIORO WILL I	OT DE GRANTED		
Enter Sta	ate Charity Registration Number, Name, and Address of Organization Below:	Check if:		
State Ch	arity Registration Number CT 097636	Change of address		
		/ Initial report		
		Amended report		
	CALIFORNIA ENDOWMENT rganization	Final report		
2165	0 OXNARD STREET, NO. 1200	Corporate or Organization No. 1930013		
•		Federal Employer I.D. No. 95-4523232		
	VILAND HILLS, CA 91367	rederal comployer i.b. No. 33 4323232		
PART A	- ACTIVITIES			
	D	or total assets equal \$100,000 or	Yes	No
1.	During your <b>most recent full accounting period</b> did your gross receipts more?	s of total assets equal \$100,000 or	х	
	(a) If the answer is yes, you are required by Title 11 of the Califo in the amount of \$25.00 to this report. Make check payable to	rnia Code of Regulations, §§311 and 312, to attach a o Department of Justice.	check	
2.	For your most recent full accounting period (beginning03/01/	2001 ending 02/28/2002 ) list:		
	Gross receipts \$ 4,215,077,162. Total assets \$ 3	,366,256,063. Actual X Estimated		
PART B	- STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS REPORT		
Note:	If you answer "yes" to any of the questions below, you must attach a sand details for each "yes" response. Please review RRF-1 Instructions	eparate sheet providing an explanation for information required.		
1.	During this reporting period, were there any contracts, loans, leases or cand any officer, director or trustee thereof either directly or with an entity	ther financial transactions between the organization vin which any such officer, director or trustee had	Yes	No
	any financial interest?		ļ	Х
2.	During this reporting period, was there any theft, embezzlement, diversion funds?	on or misuse of the organization's charitable property		x
3.	During this reporting period, did nonprogram expenditures exceed at lea	st 50% of gross revenues?		х
4.	During this reporting period, were any organization funds used to pay ar with the Internal Revenue Service, attach a copy.	ny penalty, fine or judgment? If you filed a Form 4720		х
5.	During this reporting period, were the services of a professional fundrais attachment listing the name, address, and telephone number of the services.	er or fundraising counsel used? If "yes," provide an vice provider.		х
6.	During this reporting period, did the organization receive any governmen name of the agency, mailing address, contact person, and telephone nu	ntal funding? If so, provide an attachment listing the mber.		х
Organiza	tion's area code and telephone number (818) 703–3311			
I declare	under penalty of perjugy-that I have examined this report, including accompanyi	ng documents, and to the best of my knowledge and belief, it	is true,	
	and complete.	CHIEF FINANCIAL		
KA	RAKESH VARMA	OFFICER ///	5/2	003
Signature	of authorized officer Printed Name	Title	<del>- / -</del>	
Form ct	- <b>RRF-1</b> (REV. 11/2001)			

129291 12-06-01

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## 2002 REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

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Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.



RRF-1	FXTFI	SIONS	WILL	NOT	RF	GRAN	ITEL

	Enter Sta	ate Charity	Registration	Number,	Name,	and Address	of Or	ganization	Below
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© A Lex Hsiao 21550 OXNARD ST STE 600 WOODLAND HILLS CA 91367-7112 Chat 357 5

Check if:

Change of address
Initial report
Amended report
Final report

Corporate	or	Organization No.
COIPCIALE	v.	Organization No.

1930013

Federal	Employer	I.D. No.
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95-4523232

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_	~	п		~	-	~	·		v		120

1.	During	g your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?	Yes	No
			x	į
	(a)	If the answer is yes, you are required by Title 11 of the California Code of Regulations, §§311 and 3 attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justic		
2.		our most recent full accounting period (beginning 03 / 01 / 2001 ending 02 / 28 / 2002) list receipts \$ 4,216,241,942 Total assets \$ 3,242,847,694 Actual Estimated X		

### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

818

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 Instructions for information required.

1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the					
1.	organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?					
			X			
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X			
3.	During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?		v			
4.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		x			
5.	During this reporting period, were the services of a professional fund-raiser or fund-raising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X			
6.	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		x			

i declare under penalty of perjury that I have correct and complete.	examined this report, including accord	npanying documents, and to the bes	et of my knowledge and belief, it is true,
correct and complete.	Alex Hsiao	VP & CIO	6/27/02

703

Printed Name

3311

Organization's area code and telephone number (